

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/051,263 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5		/				
6	/					
7		/				
8	/					
9		/				
10		/				
11		/				
12		/				
13	/					
14		/				
15	/					
16	/					
17		/				
18	/					
19		/				
20		/				
21		/				
22		/				
23	/					
24		/				
25	/					
26		/				
27	/					
28		/				
29		/				
30		/				
31		/				
32		/				
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42		/				
43	/					
44		/				
45						
46						
47						
48						
49						
50						
TOTAL IND.	19					
TOTAL DEP.	25					
TOTAL CLAIMS	44					

SERIAL NO.	FILING DATE					
APPLICANT(S)						
CLAIMS	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						